

ATTACHMENT 3**REQUEST FOR APPLICATIONS (RFA) FACE SHEET****CALIFORNIA DEPARTMENT OF MENTAL HEALTH GRANT # SHIA2001-01**

Applicants must refer to the Supportive Housing Initiative Act Grant Notice # SHIA2001-01 in order to accurately complete this RFA Face Sheet and a full application.

1. Organization information

Name of lead agency

Federal Tax ID #

Address

City

State

Zip code

Primary contact

Organization Director

Telephone

Facsimile

E-mail

2. Total SHIA grant funding requested: _____

• Total amount for services: _____ # of years covered (up to 3): _____

• Total amount for rental subsidies: _____ # of years covered (up to 15): _____
 (This should equal the "Total SHIA Rental Subsidy Requested" amount from the SHIA Operating Pro Forma)

3. Identify the target population(s) for your project (check all that apply) (By checking the boxes below, I certify that the proposed project(s) will serve the target population specified in the SHIA 2001-01 RFA):

Mental illness

Substance abuse

HIV/AIDS

Chronic health conditions

Developmental disabilities

Families with children

Youth aging out of foster care

Homeless people

CalWORKs families

Veterans

Elders

People exiting institutions

Other special needs or disability populations: _____

4. County(ies) where your project(s) will be implemented: _____

5. During the grant period:

total projected number of tenants to be served _____; number of housing units _____

6. Type of funding requested:

Grant for a single project;

Grant from a single local government agency for several projects within the local jurisdiction

7. The applicant organization and, in the case of a local government agency applying for multiple projects within the single jurisdiction, the lead agency for each project is/are:

nonprofit corporation (501(c)(3))

local government agency

8. The proposed project(s) will set tenant rents at not more than: (see Subsection 2.7.3)

20% of actual tenant income

20% of State Median Income

30% of actual tenant income

30% of State Median Income

Over 30% of actual tenant income

Over 30% of State Median Income

I certify that the above information is true._____
Signature of Organization Director